PTO/SB/06 (12-04)

OR

OR

TOTAL ADD'L FEE

Approved for use through 7/31/2008, CMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Ċ Substitute for Form PTO-875 OTHER THAN APPLICATION AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER FILED RATE (\$) FEE (\$) FOR NUMBER EXTRA RATE (\$) FEE (\$) BASIC FEE (37 CFR 1.16(a), (b), or (c)) SEARCH FEE (37 CFR 1.16(k), (i), or (m)) **EXAMINATION FEE** (37 CFR 1.16(o), (p), or (q)) TOTAL CLAIMS OR (37 CFR 1.16(i)) minus 20 = INDEPENDENT CLAIMS = minus 3 = (37 CFR 1.16(h)) If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE is \$250 (\$125 for small entity) for each (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) * If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY 7(Column 1) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE (\$) ADDI-TIONAL RATE (\$) ADDI-TIONAL AFTER PREVIOUSLY EXTRA ENT AMENOMENT PAID FOR FEE (\$) FEE (\$) Total (37 CFR 1.10()) Minus ×50 OR Z Minus Independent (37 CFR 1,16(h)) ×200 -×100 OR ώ Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(J)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PRESENT RATE (5) REMAINING NUMBER RATE (\$) ADDI-ADDI TIONAL TIONAL PREVIOUSLY AFTER FEE (S) FEE (S) AMENDMENT PAID FOR ũ W Minus (37 CFR 1,186)) 0 OR 2 Minus OR Z Application Size Fee (37 CFR 1.16(s))

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(D)

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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TOTAL

ADD'L FEE

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

[&]quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.